Form **990**

Return of Organization Exempt From Income Tax CT0167867 2005

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Α	For the 2005 calendar year, or tax year beginning 7/01	, 2005, and	ending	6/30		, 2006
В				D Em	oloyer l	dentification Number
	X Address change Please use IRS label San Francisco Coali			5	<u>5-2</u> 5	44544
	Name change or type Essential Small Sch			E Tele	phone	number
	X Initial return See 300 Brannan St #406			4:	15-9	92-5007
	Final return specific instruc- tions.	4107			ounting hod:	
	X Amended return	•		1	1	(specify)
	Application pending • Section 501(c)(3) organizations and	4947(a)(1) nonexempt	H and I are no	applicable to s		27 organizations.
	charitable trusts must attach a com	pleted Schedule A	1			ates? Yes X No
_	(Form 990 or 990-EZ).		H (b) If Yes.	'enter number	of affilia	ites ►
<u>G</u>	Web site: ► sfccss.org	· · · · · · · · · · · · · · · · · · ·	H (c) Are all	affiliates includ	ed?	
J	Organization type (check only one) ► X 501(c) 3 < (insert no		(If 'No	' attach a list. S	ee instr	ructions.)
-			H (d) is this	a separate retur	n filed t	oy an
n	Check here ► if the organization's gross receipts are no \$25,000. The organization need not file a return with the IR		The second secon	ation covered b		
	chooses to file a return, be sure to file a complete return. S		I Grou	Exemption	n Num	ber
	complete return.		M Chec	k ► if th	e organ	ization is not required
L	Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 > 8	8,786.	to atta	ch Schedule B	(Form 9	990, 990-EZ, or 990-PF).
Ρą	art I Revenue, Expenses, and Changes in Net	Assets or Fund Balan	ces (See I	nstructions)		
	1 Contributions, gifts, grants, and similar amounts recei	/ed:				
	a Direct public support	1a		16,000.	1	
	b Indirect public support				1	
	c Government contributions (grants)				1	
	d Total (add lines la through 1c) (cash \$ 16,000.	,)			1 d	16,000.
	2 Program service revenue including government fees a					48,250.
	3 Membership dues and assessments	.				
	4 Interest on savings and temporary cash investment	^* 			4	
	4 Interest on savings and temporary cash investment 5 Dividends and interest from securities	J. A			5	
	6a Gross rents	6a				
	b Less: rental expenses	6ь				
	c Net rental income or (loss) (subtract line 6b from line	Ба)			6с	
R	7. Other investment income (describe)	7	
E V	8a Gross amount from sales of assets other	(A) Securities	(B) (Other		RECEIVED
ENU	than inventory	. 8a		*******		Attorney General's Office
Ē	b Less: cost or other basis and sales expenses	8 b				•
	c Gain or (loss) (attach schedule)	8 c				JAN 25 2011
	d Net gain or (loss) (combine line 8c, columns (A) and (l	3))			8 d	
	9 Special events and activities (attach schedule). If any	amount is from gaming, che	ck here :	▶	j	Registry of Charitable Trusts
	a Gross revenue (not including \$	of contributions				Chalifable Lines
	reported on line 1a)					
	b Less: direct expenses other than fundraising expenses					
	c Net income or (loss) from special events (subtract line	· 1 1			9 c	
	10 a Gross sales of inventory, less returns and allowances.	10a				
	b Less: cost of goods sold					· · · · · · · · · · · · · · · · · · ·
	$oldsymbol{c}$ Gross profit or (loss) from sales of inventory (attach schedule) (subtra				10 c	
	11 Other revenue (from Part VII, line 103):				11	24,536.
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10	c, and 11)			12	88,786.
E	13 Program services (from line 44, column (B))				13	22,020.
X	14 Management and general (from line 44, column (C))				14	7,817.
E	15 Fundraising (from line 44, column (D))				15	4,129.
EXPENSES	16 Payments to affiliates (attach schedule)				16	
ξ	17 Total expenses (add lines 16 and 44, column (A))			<u> </u>	17	33,966.
A	18 Excess or (deficit) for the year (subtract line 17 from lin	e 12)			18	54,820.
5	19 Net assets or fund balances at beginning of year (from	line 73, column (A))		[19	0.
Ē	20 Other changes in net assets or fund balances (attach e	(planation)		[20	
Ś	21 Net assets or fund balances at end of year (combine lin	es 18, 19, and 20)		. .	21	54,820.

2005) San Francisco Coalition of 56-2544544

| Statement of Functional Expenses | All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ non-cash \$)			. :		
If this amount includes foreign grants, check here	22	,			
23 Specific assistance to individuals (att sch)	 				
24 Benefits paid to or for members (att sch)					
25 Compensation of officers, directors, etc		0.	. 0.	0.	0.
26 Other salaries and wages		2,000.	1,200.	500.	300.
27 Pension plan contributions					
28 Other employee benefits	28	25.	15.	6.	4.
29 Payroll taxes	29	118.	71.	29.	18.
30 Professional fundraising fees	30				
31 Accounting fees					
32 Legal fees	32				
33 Supplies	33	4,069.	2,442.	1,017.	610.
34 Telephone	34	1,937.	1,162.	484.	291.
35 Postage and shipping	35		•	-	
36 Occupancy	36	6,510.	3,906.	1,628.	976.
37 Equipment rental and maintenance	37	2,184.	1,311.	546.	327.
38 Printing and publications	38	41.	24.	11.	6.
39 Travel	39	4,648.	2,789.	1,162.	697.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				· · · · · · · · · · · · · · · · · · ·
43 Other expenses not covered above (itemize):	1 1				
aSee Statement 1	43 a	12,434.	9,100.	2,434.	900.
b	43 b				
c	43 c				
d	43 d				
e	43 e				
f	431				
9	43 g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) · (D), carry these totals to lines 13 · 15)	44	33,966.	22,020.	7,817.	4,129.
Joint Costs. Check. if you are following	SOP 98	-2,			
Are any joint costs from a combined education			itation reported in (B) Pr	ogram services?	► Yes X No
f 'Yes,' enter (i) the aggregate amount of these	joint cos	sts \$; (ii) the am	ount allocated to Progra	m services
\$; (iii) the amount al	located to	o Management and gene	eral \$; and (iv) the	amount allocated
o Fundraising \$					
BAA					Form 990 (2005)

	orm 990 (2005)	San	Francisco	Coalition	of
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Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's prin		Program Service Expenses
All organizations must describ- clients served, publications iss izations and 4947(a)(1) nonex	e their exempt purpose achievements in a clear and concise manner. State the number of ued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organization that the control of the state of the section of	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
	SF-CESS is to assist our schools and their communities	options for outsidy
	sustain as small, equitable and high performing	
schools.		
	·	
(Grants and allocations	\$) If this amount includes foreign grants, check here	22,020.
b		
		•
(Grants and allocations	\$) If this amount includes foreign grants, check here ▶	
c		
		,
-		
(Grants and allocations	\$) If this amount includes foreign grants, check here	
d		
(Grants and allocations	\$) If this amount includes foreign grants, check here	
<u></u>	y) It this amount includes foreign grants, check here	,
(Grants and allocations	\$) If this amount includes foreign grants, check here	
`	Expenses (should equal line 44, column (B), Program services)	22,020.
BAA		Form 990 (2005)

TEEA0103L 10/14/05

Part IV Balance Sheets (See Instructions)

No		ere required, attached schedules and amounts within umn should be for end-of-year amounts only.	the description	(A) Beginning of year		(B) End of year
_	45	Cash - non-interest-bearing		**************************************	45	29,033.
		Savings and temporary cash investments			46	
		Carried Company Commencer	 	1	14-50, 10-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4	
	47 a	Accounts receivable	47a 20,390.			
	Ь	Less: allowance for doubtful accounts	47 b		47 c	20,390.
	48 a	Pledges receivable	48 a		-	
	b	Less: allowance for doubtful accounts	48 b		48 c	
	49	Grants receivable			49	
A	50	Receivables from officers, directors, trustees, and ke employees (attach schedule)	у		50	
Š		Other notes & loans receivable (attach sch)	ı 1			
ASSETS		Less: allowance for doubtful accounts			51 c	
Ī	1	Inventories for sale or use.			52	
	1	Prepaid expenses and deferred charges	P P	<u> </u>	53	
		Investments - securities (attach schedule):			54	
	1	Investments - land, buildings, & equipment: basis.	55 a			
		Less: accumulated depreciation (attach schedule)	55 b		55 c	
		Investments - other (attach schedule)		· · · · · · · · · · · · · · · · · · ·	56	
		Land, buildings, and equipment; basis				
		Less: accumulated depreciation				
	D	(attach schedule)	57 b		57 c	5,900.
	58 (Other assets (describe See Statement 3	·)		58	4,342.
		Total assets (must equal line 74). Add lines 45 throu		0.	59	59,665.
	60	Accounts payable and accrued expenses			60	4,845.
Ļ	61 (Grants payable			61	
À B		Deferred revenue			62	
		Loans from officers, directors, trustees, and key employees (attach			63	
 		Tax-exempt bond liabilities (attach schedule)		64 a		
I E S		Mortgages and other notes payable (attach schedule)	. F		64b	
S		Other liabilities (describe .		65		
		Total liabilities. Add lines 60 through 65		0.	66	4,845.
N	,	ations that follow SFAS 117, check here	d complete lines 67			•
N E T		through 69 and lines 73 and 74.				
A S S		Jnrestricted			67	
Š		Temporarily restricted.			68	
Ē S		Permanently restricted			69	
R	_	ations that do not follow SFAS 117, check here ►	X and complete lines			•
		70 through 74.			70	
F 020		Capital stock, trust principal, or current funds	<u></u>		70	
		Paid-in or capital surplus, or land, building, and equip	<u></u>		71	54 020
Ë	72 F	Retained earnings, endowment, accumulated income,	or other lunos		72	54,820.
日本レベスしたら	73 T	otal net assets or fund balances (add lines 67 throug 2; column (A) must equal line 19; column (B) must e	gh 69 or lines 70 through equal line 21)	0.	73	54,820.
	· 74 T	otal liabilities and net assets/fund balances.Add line	es 66 and 73	0.	74	59,665.
						Form 990 (2005)

F	orm 990 (2005) San Francisco C	oalition of		56-2	544544	1 Page
F	Part IV-A Reconciliation of Reven	ue per Audited Financi	al Stätements with	n Revenue per Re	turn (S	ee .
_	instructions.)			······································		
	•				.	
а	Total revenue, gains, and other support	per audited financial stateme	nts		a	88,786
b	Amounts included on line a but not on F	Part I, line 12:				
	1 Net unrealized gains on investments					
	2Donated services and use of facilities .		b2			
	3Recoveries of prior year grants		b3			
	4 Other (specify):					
				·		
	Add lines b1 through b4				ь	•
С	Subtract line b from line a				С	88,786
d	Amounts included on Part I, line 12, but			·		
	Investment expenses not included on Pa	art I, line 6b	d1			
	2Other (specify):		•			
			ا د ب	· ·	,	
	Add lines d1 and d2				d	
е	Total revenue (Part I, line 12). Add lines	s c and d		·	e	88,786.
P	art IV-B Reconciliation of Expens	ses per Audited Financ	ial Statements wit	h Expenses per F	Return	
					1	
а	Total expenses and losses per audited f	inancial statements			а	33,966.
b	Amounts included on line a but not on P			<u> </u>		
	1 Donated services and use of facilities					
	2Prior year adjustments reported on Part					
	3Losses reported on Part I, line 20		b3			
	4Other (specify):					•
			ь4			
	Add lines b1 through b4		<i>-</i>		ь	
С	Subtract line b from line a			 	c	33,966.
d	Amounts included on Part I, line 17, but					
	1 Investment expenses not included on Pa		d1			
	2045					
	Add lines d1 and d2				d	
e	Total expenses (Part I, line 17). Add line				e	33,966.
Pa	art V-A Current Officers, Directo				officer di	
	or key employee at any time dur	ing the year even if they were	not compensated.) (S	ee the instructions.)	onicer, on	ector, trustee,
		(B) Title and average hours	(C) Compensation	(D) Contributions to	(E) Expense
	(A) Name and address	per week devoted	(if not paid,	employee benefit		unt and other
		to position	enter -0-)	plans and deferred compensation plans		llowances
Re	nato Almanzor, Ph.D.	Coach	0.	0		0.
- <i>-</i> =		1	· ·			٥.
		1		l	1	

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Renato Almanzor, Ph.D.	Coach	0.	0.	0.
	1			
San Francisco, CA				
Judy Borelli	President	0.	0.	0.
	1			
San Francisco, CA				
Jen Holleran	Director	· 0.	0.	0.
] 1			
San Francisco, CA	·			
Gregory Peters	Secretary	0.	0.	0.
	_] 1		ľ	•
San Francisco, CA				
John Quinn	Director	0.	0.	0.
· · · · · · · · · · · · · · · · · · ·	_] 1			• .
San Francisco, CA				
Beth Silbergeld	Director	0.	0.	0.
	J . 1			•
San Francisco, CA				
ВАА	TEEA0105L 10	/17/05		Form 990 (2005)

Form 990 (2005) San Francisco Coaliti	on of		56-2544	1544	<u>-</u>	age 6
Part V-A Current Officers, Directors, Tru	istees, and Key E	mployees (continued)		Yes	No
75 a Enter the total number of officers, directors, and trustees pe						
b Are any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest compen A, Part II-A or II-B, related to each other through identifies the individuals and explains the relation.	ployees listed in Form stated professional and the family or business re	990, Part V-A, or highes	t compensated employe	es e 75 b		X
c Do any officers, directors, trustees, or key emp listed in Schedule A, Part I, or highest compen A, Part II-A or II-B, receive compensation from to this organization through common supervision	sloyees listed in form 99 sated professional and	other independent cont s. whether tax exempt (ractors listed in Schedul or taxable, that are relati	e ed		Х
Note. Related organizations include section 50						
If 'Yes,' attach a statement that identifies the ir other organization(s), and describes the comperelated organization	ndividuals, explains the	relationship between th	is organization and the to each individual by ea	ach		,
d Does the organization have a written conflict of	interest policy?			75 d	X	
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, director during the year, list that person below a the instructions.)	stees, and Key Er or, trustee, or key emplo nd enter the amount of	nployees That Recopyee received compens compensation or other	eived Compensati ation or other benefits (c benefits in the appropria	on or Oth described be ate column.	elow) See	
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	account	kpense and ot ances	lher
				•		
					- 1 2 1 2 min	•
		,			í	
			•			
Part VI Other Information (See the instruct					Yes	No
		1003,14,14			162	110
76 Did the organization engage in any activity not attach a detailed description of each activity	previously reported to t	ne iro: II Yes,	,	76		Χ
77 Were any changes made in the organizing or go						Χ
If 'Yes,' attach a conformed copy of the change:						
78a Did the organization have unrelated business gr						X
b If 'Yes,' has it filed a tax return on Form 990-T f	or this year?			78b	_N/	<u>A</u>
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement				79		Χ
80a Is the organization related (other than by associ membership, governing bodies, trustees, officers	s, etc, to any other exe	mpt or nonexempt orga	nization?			Χ
b If 'Yes,' enter the name of the organization	IN/W	ack whether it is They	emnt or Inchese			
81a Enter direct and indirect political expenditures. (See line 81 instructions	s.)	81 a	0.		Х
b Did the organization file Form 1120-POL for this	year?				990 /	
BAA	,			Form	33U (2	2 005)

Form 990 (2005) San Francisco Coalition of	56-2544544	F	Page
Part VI Other Information (continued)		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no ch substantially less than fair rental value?	narge or at 82a	a	х
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
83a Did the organization comply with the public inspection requirements for returns and exemption applications are supplied to the organization comply with the public inspection requirements for returns and exemption applications.	· · · · · · ·		ļ
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	· ···		\ ,,
84a Did the organization solicit any contributions or gifts that were not tax deductible?	<u>84 a</u>	1	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contribution not tax deductible?	ns or gifts were		A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?			/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 t	N.	/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organic waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members 85c	N/A		1
d Section 162(e) lobbying and political expenditures	N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A		1
f Taxable amount of lobbying and political expenditures (line 85d less 85e).	N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N.	lΑ
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimulates allocable to nondeductible lobbying and political expenditures for the following tax year?	ate of		A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on	831	11/	<u> </u>
line 12	N/A		
b Gross receipts, included on line 12, for public use of club facilities'	N/A		ļ. ·
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A N/A		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A		
At any time during the year, did the organization own a 50% or greater interest in a taxable corporatio or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and If 'Yes,' complete Part IX.	n or partnership, 301.7701-3? 		Х
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ►	0:		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attaexplaining each transaction.	transaction ach a statement		Х
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	· ►		0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	· • • • • • • • • • • • • • • • • • • •		0.
90a List the states with which a copy of this return is filed ► CA			
90 a List the states with which a copy of this return is filed ► <u>CA</u> b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90 ь		1
91a The books are in care of ► Gregory Peters Telephone number ►			
Located at > 300 Brannan St, Ste 406, San Francisco CA	ZIP + 4 ► 94107		
	uthavitu over e	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other at financial account in a foreign country (such as a bank account, securities account, or other financial activities account, or other financial activities account.)	count)? 91 b		Χ
If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ba			
Financial Statements • At any time during the calendar year, did the organization maintain an office outside of the United State	.		Х
			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here	N/	Α •	- [
and enter the amount of tax-exempt interest received or accrued during the tax year.			N/A
BAA		990 (2	
₩DD	1 0111	(2	

	A	Unrelate	d business income	Excluded by se	ction 512, 513, or 514	(E)
	nter gross amounts unless se indicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
	Program service revenue:					•
				,		
c_ d						
e e						
	Medicare/Medicaid payments					
g f	Fees & contracts from government agencies					48,250.
	Membership dues and assessments					
	nterest on savings & temporary cash invmnts					
	Dividends & interest from securities.					
	Net rental income or (loss) from real estate:					
	debt-financed property			-		
	Net rental income or (loss) from pers prop		· · · · · · · · · · · · · · · · · · ·		,	
	Other investment income			·		
	Gain or (loss) from sales of assets other than inventory.					
	let income or (loss) from special events					
	Gross profit or (loss) from sales of inventory.					
	Other revenue: a					24,536.
	See Statement 4					
q 	1					
e						,
1 04 S	ubtotal (add columns (B), (D), and (E))					72,786.
	otal (add line 104, columns (B), (D), a ne 105 plus line 1d, Part I, should equa					72,786.
Part V	III Relationship of Activities to	o the Acco	mnlishment of Fx	empt Purposi	PS (See the instruction	os)
Line No		income is rea	ported in column (E) of	Part VII contribu	ted importantly to the a	ccomplishment
N/A						
					·	
Part I	X Information Regarding Tax					
	(A)	(B)	(C)		(D)	(E)
p	e, address, and EIN of corporation, artnership, or disregarded entity	Percentage ownership into	erest	ectivities	Total income	End-of-year assets
N/A			%			
		·	000			
			%			
Part X	Information Regarding Train	nsfers Ass		nal Benefit C	Contracts (See the in	astructions)
	the organization, during the year, receive any fun					Yes X No
	the organization, during the year, pay					
	If 'Yes' to (b), file Form 8870 and Form					
- 110101	Under penalties of perjury, I declare that I have true, correct, and complete. Declaration of prep			chedules and stateme	ints, and to the best of my kno	wledge and belief, it is
	true, correct, and complete. Declaration of pres	barer (other than o	incer) is based on an informati	on or writer preparer i	las ally knowledge.	
Please	Company of the compan				Date	
Sign Here	Signature of officer				Date	
11010	Type or print name and title.					
	Type or print havie and tine.			Date	Cheek if Pre	parer's SSN or PTIN (See
Paid	Preparer's signature ►				2611.	parer's SSN or PTIN (See neral Instruction W)
Pre-	TAMODENIA C CI	HANG CPA		<u> </u>	employed •	
parer's Use	yours if self-				EIN ►	
Only	employed), address, and ZIP + 4 SAN FRANCISCO				Phone no. > (916) 555-1212
	12IF+4 SAIN FRANCISCO	J, CA 341	<u> </u>		TEEA0108L 10/18/05	Form 990 (2005)
BAA	•				TELAVIUOL IVIIBIUS	1 01111 330 (2003)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2005

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. San Francisco Coalition of Essential Small Schools

Employer identification number

56-2544544 ation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000				
Part II – A Compensation of the Five High (See instructions. List each one (whether	nest Paid Independent Co er individuals or firms). If there a	ontractors for Plare none, enter 'None	rofessional Se	rvices
(a) Name and address of each independent contract		(b) Type o		(c) Compensation
None				
		,		•
Total number of others receiving over \$50,000 for professional services	0			
Part II – B Compensation of the Five High (List each contractor who performed serventer 'None.' See instructions.)				here are none,
(a) Name and address of each independent contract	or paid more than \$50,000	(b) Type o	f service .	(c) Compensation
None				
Total number of other contractors receiving				

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

Sche	dule A (Form 990 or 990 EZ) 2005 San Francisco Coalition of 56-254454	4 4	F	Page
Par	t III Statements About Activities (See instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities \$\Bigsim \frac{\bar{N}}{A}\$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	. 2a		X.
b	Lending of money or other extension of credit?	. 2b		Х
С	Furnishing of goods, services, or facilities?	. <u>2c</u>		Х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Х
	Transfer of any part of its income or assets?	2e		Х
	Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
	Do you have a section 403(b) annuity plan for your employees?	3b		X
11 2	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		Х
	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?			Χ
5 6 7 8 9 10 11a 11b 12	Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organ described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) box that describes the type of supporting organization: Type 1 Type 2 Type 3 Provide the following information about the supported organizations. (See instructions.)	gross its sup by the	receip poport	ts
	(a) Name(s) of supported organization(s)	(b) Lir	e num	
	·	11001	abov	
14	An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.) TERANGO REPORTS Schedule A (Form 990 or Form)	000 000	0.E7\	2005
BAA	TEEA0402L 08/09/05 Schedule A (Form 990 of Fo	בכ וווו	U-LL)	~UU:

Par	t IV-A Support Schedule	(Complete only if you	checked a box on line	10, 11, or 12.) Use	ash method of accou	inting.
Note	e: You may use the worksheet in th	ne instructions for con	verting from the accru	al to the cash method	d of accounting.	····
	ndar year (or fiscal year inning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.).	N/A			,	
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose					
18	Gross income from interest, dividends; amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19	Net income from unrelated business activities not included in line 18		,			
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.	. :				
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		·	•		
23	Total of lines 15 through 22					
24	Line 23 minus line 17:					
25	Enter 1% of line 23					
26	Organizations described on lines	10 or 11: a Ente	er 2% of amount in co	lumn (e), line 24	N./.A ► 26 a	
	Prepare a list for your records to show the supported organization) whose total gifts fo return. Enter the total of all these excess a	r 2001 through 2004 exceeds	ed the amount shown in line	26a. Do not file this list	with your	
	Total support for section 509(a)(1)					
	Add: Amounts from column (e) for					
	·	22		26 b	26 d	<u></u>
	Public support (line 26c minus line					
	Public support percentage (line 2		d by line 26c (denom	inator))	► 26f	00
a	Organizations described on line 1 For amounts included in lines 15, name of, and total amounts receiv such amounts for each year: (2004)	16, and 17 that were red in each year from,	each 'disqualified per	son.' Do not file this	list with your return.	Enter the sum of
b	For any amount included in line 17 to show the name of, and amount \$5,000. (Include in the list organiz After computing the difference between the computing the differences (the excess amounts) for (2004)	that was received from received for each year ations described in fin ween the amount receiver each year: (2003)	om each person (other r, that was more than es 5 through 11b, as vived and the larger ar (2002)	than 'disqualified pe the larger of (1) the well as individuals.) I nount described in (1	rsons'), prepare a list amount on line 25 for to not file this list wit to r (2), enter the sun (2001)	for your records the year or (2) h your return.
C	Add: Amounts from column (e) for	lines: 15		16		
	Add: Amounts from column (e) for 17 Add: Line 27a total	20		21	27 c	
d.	Add: Line 27a total	and	d line 27b total		27 d	
e	Public support (line 27c total minu:	s line 27d total)				
f.	Total support for section 509(a)(2)	test: Enter amount fro	om line 23, column (e)) ► 27f		
g	Public support percentage (line 27	7e (numerator) divide	d by line 27f (denomir	nator))	► 27g	%
	nvestment income percentage (lin) ► 27 h	90
28 I	Jnusual Grants: For an organization ist for your records to show, for each transfer of the grant. Do not file this	on described in line 10 ich year, the name of), 11, or 12 that receive the contributor, the day	ved any unusual gran	ts during 2001 through grant, and a brief de	n 2004, prepare a scription of the

Page 4

Schedule A (Form 990 or 990 EZ) 2005 San Francisco Coalition of

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) Part V

			Yes	No
2	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument; or in a resolution of its governing body?	29	Х	
-				
31	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs,			
	and scholarships?	30	X	<u> </u>
3	. 1 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
Ū	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that	-	v	
	makes the policy known to all parts of the general community it serves?	. 31	X	
				1
				l
		-		ļ
		-		
32	2 Does the organization maintain the following:	-		1
J	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a	Х	
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	. 32b	Х	
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32 c	Х	
	d Copies of all material used by the organization or on its behalf to solicit contributions?	. 32 d	Х	
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
		_		-
		_		1
33	Does the organization discriminate by race in any way with respect to:			l
	a Students' rights or privileges?	. 33 a	İ	Х
	a Students rights of privileges?	. 33 a		
	b Admissions policies?	33b		Х
	b Nothing policies	135		
	c Employment of faculty or administrative staff?	33 c		Х
	d Scholarships or other financial assistance?	. 33 d		X
	e Educational policies?	33 e		X
			.	
1	f Use of facilities?	33f		<u>X</u>
. (g Athletic programs?	33 g		_X
٠.				17
ł	n Other extracurricular activities?	33 h		<u>X</u>
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
			ŀ	
			ļ	
			j	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	1	Χ
•	<u> </u>			
b	Has the organization's right to such aid ever been revoked or suspended?	34 b		Χ
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial			
	nondiscrimination? If 'No,' attach an explanation.	35	Х	

Pa	rt VI-A Lobbying E (To be comple	xpenditures by Elected ONLY by an eligible of	cting Public Chari organization that filed F	ties (See instri orm 5768)	uctions.	· ·	N/A
Che	eck 🕨 a 📗 if the organ	ization belongs to an affil	iated group. Check	► b if you	checke	ed 'a' and 'limited cont	rol' provisions apply.
		imits on Lobbying	•			(a) Affiliated group totals	(b) To be completed for ALL electing
		n 'expenditures' means a			T		organizations
36	* '- '	ures to influence public o		, ,,			
37 38	• • •	ures to influence a legisla	, ,				
39		ures (add lines 36 and 37 expenditures					
40		expenditures (add lines 38			40		
41	•	nount. Enter the amount			40		<u> </u>
,,	If the amount on line 4		obbying nontaxable an				
		20%					
		,000,000 \$100,00					
	Over \$1,000,000 but not over \$	\$1,500,000\$175,00	00 plus 10% of the excess ov	er \$1,000,000	41		
		\$17,000,000 \$225,00					
42		amount (enter 25% of line			42		
43		ne 36. Enter -0- if line 42			43		
44		ne 38. Enter -0- if line 41	*		44	·	
	Caution: If there is an a	amount on either line 43 c			ll_		<u> </u>
	(Some organ	nizations that made a sec	veraging Period L tion 501(h) election do the instructions for line	not have to con	nplete a	h) Il of the five columns I	below.
			Lobbying Expend	itures During 4	-Year A	veraging Period	
	Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2004	(c) 2003		(d) 2002	(e) Total
45.	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures			·			
48	Grassroots non- taxable amount			•	•	,	
49	Grassroots ceiling amount (150% of line 48(e))		· :	· .			
50	Grassroots lobbying expenditures						
art	VI-B Lobbying Ad	tivity by Nonelectin	g Public Charities did not complete Part V	; (I-A) (See instru	ctions.)		N/A
urin ttem	g the year, did the organi opt to influence public opi	zation attempt to influence	ce national, state or loc	al legislation, in	cluding	any Yes No	Amount
		_					ď
	Volunteers Paid staff or management						
	Media advertisements			_			
	Mailings to members, leg					-	
	Publications, or published					 -	
	Grants to other organizat						•
	Direct contact with legisla						
h	Rallies, demonstrations,	seminars, conventions, sp	peeches, lectures, or a	ny other means			
i.	Total lobbying expenditur	ies (add lines ${f c}$ through ${f h}$	·) · · · · · · · · · · · · · · · · · ·				
	If 'Yes' to any of the abov	ve, also attach a statemer	nt giving a detailed des	cription of the Ic	bbying		
AA			•			Schedule A (Form	n 990 or 990-FZ) 2005

Page 6

Part	VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)
	Did the security association discetts as indirectly appared in any of the following with any other organization described in section

51 Did th of the	e reporting organization Code (other than section	directly or in n 501(c)(3) (ndirectly engage in any of the organizations) or in section 52	following 7. relatin	with any other organization described g to political organizations?	in section	501(0	:)
			o a noncharitable exempt org				Yes	No
						51 a (i)		Х
						a (ii)		Х
, ,	transactions:							
(i)Sa	ales or exchanges of ass	ets with a n	oncharitable exempt organizat	lion		b (i)		Х
	-				·	b (ii)		Х
						b (iii)		Х
						b (iv)		Χ
						b (v)		Х
7.7						b (vi)		Х
c Sharin	of facilities, equipment	t, mailing lis	ts, other assets, or paid empl	ovees		С		X
d If the	answer to any of the abo	ve is 'Yes,'	complete the following schedu	ile. Colun	nn (b) should always show the fair ma	rket value	of	
the go	ods, other assets, or ser ansaction or sharing arra	vices given naement, si	by the reporting organization. now in column (d) the value of	It the org the good	nn (b) should always show the fair ma panization received less than fair mark ds, other assets, or services received:	et value in	1	
(a)	(b)		(c)		(d)			
Line no.	Amount involved	Name of	noncharitable exempt organiz	ation	Description of transfers, transactions, and	sharing arran	gement	S
N/A								
						·		
								
		<u> </u>						
					•			
F2a la tha a	erapiantian directly or in	directly offi	iated with, or related to, one o	or more t	av evemot organizations			
describ	ed in section 501(c) of the	ne Code (ot	ner than section 501(c)(3)) or	in section	n 527?	Yes Yes	X	No
	complete the following							
	(a)		(b)		(c)	4.1.		
	Name of organization		Type of organization	:	Description of relations	snip 		
I/A								
	`							·
			•					
								<u> </u>
			•					
	· · · · · · · · · · · · · · · · · · ·			.				
					Schodula A (Form	000 000	· - 7\ '	2005

S	Federal Stater San Francisco Coal Essential Small Sc	Page 56-254454		
706/09				07:35P
Statement 1 Form 990, Part II, Line 43 Other Expenses		•		
·	(A) <u>Total</u>	(B) Program Services	(C) Management & General F	(D) Fundraising
Advertising / Public Relations Affiliation Dues Bank Charges Computer & Equip Supplies Consultants Fees & Licenses Library / Professional Books Meeting Expense Other Expense Program Supplies Total	288. 500. 29. 272. 4,703. 525. 2,250. 2,722. 275. 870. \$ 12,434. \$	216. 163. 4,703. 1,350. 1,633. 165. 870. 9,100.	500. 29. 68. 525. 562. 681. 69. \$\frac{2,434.}{5}	72 41 338 408 41 900
Statement 2 Form 990, Part IV, Line 57 Land, Buildings, and Equipment			·	
Category		Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	Total \$	5,900. \$ 5,900. \$	0. \$	5,900. 5,900.
Statement 3 Form 990, Part IV, Line 58 Other Assets		٠.		
Deposits Other Receivables Rounding	·			1,341. 3,000.

2005		ral Statemen	Page 2					
Client SFCESS		Essen	ancisco Coalition Itial Small School		56-2544544			
2/06/09						07:35PM		
Statement 4 Form 990, Part VII, Line 103 Other Revenue				-				
Other Revenue		(A) Busi- ness Code	(B) Unrelated Business Amount	(C) Exclu- sion Code	(D) Excluded Amount	(E) Related or Exempt Function		
Consulting Discounts In-Kind Donations Job Fair Networking Events School Site Visits Summer Sessions	Total		\$ 0.		\$ 0.	\$ 946. -2,610. 5,900. 3,000. 150. 150. 17,000. \$ 24,536.		

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2005 Federal Book Depreciation Schedule San Francisco Coalition of Essential Small Schools

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Client SFCESS

56-2544544

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2/06/09							Prior					· · · · · · · · · · · · · · · · · · ·		05:12PM
No. Description	Date <u>Acquired</u>	Date Sold	Cost/ Basis	Bus.	Cur 179 Bonus	Special Depr. Allow	179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr	Method Lit	leRate	Current Depr
Form 990/990-PF														
Furniture and Fixtures													•	
1 Furniture	6/30/06	_	5,900	!						5,900		S/L	3	0
Total Furniture and Fixtures			5,900)	0	0	ı	0	0 0	5,900	, 0		•	0
Total Depreciation		· _	5,900	!	0	0		0	0 0	5,900	0			0
Grand Total Depreciation		=	5,900	!	0	0	l	0	00 _	5,900	0			0

6/30/06

2005 California Book Depreciation Schedule

Page 1

Client SFCESS

San Francisco Coalition of Essential Small Schools

56-2544544

								u ooo.	,,,					•	70-23 44344
2/06/09								0							05:12PM
_No		Date <u>Acquired</u>	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr	Method	Life Rate	Current Depr.
Form 199															
Furniture and	Fixtures														
1 Furniture		6/30/06		5,900)						5,900		S/L	3	0
Total Fur	niture and Fixtures			5,900		0	()	0	0 0	5,900	()		0
Total Dep				. 5,900	- <u>0</u>	0			0	0 0	5,900	(-		0 .
Grand To	tal Depreciation	•		5,90	2	0	() 	0	0 0	5,900	() =		0